The Power of Attorney in the prior application is to: _

N THE UNITED STATES PATENT AND TRADEMARK

UTILITY PATENT APPLICATION TRANSMITTAL

| 7 | _ |
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| <u>PATENT</u> | |
| Total Pages | |

EIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Todd J. Sheldon et al. **主法:** ISCHEMIA DETECTION CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope Molly Chlebeck Printed Name/ Commissioner for Patents **BOX PATENT APPLICATION** Washington, D.C. 20231 Sir. We are transmitting herewith the attached: **Patent Application Transmittal** X X Specification: Total pages: 33(including claims and abstract: Spec. 22 sheets; Claims 10 sheets; Abstract 1 X Drawings: Total sheets: 10 ☐ informal \boxtimes **Combined Declaration and Power of Attorney:** newly executed \times copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or above is considered as being part of the disclosure of the accompanying application and declaration is supplied is hereby incorporated by reference therein. Accompanying application parts: Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet Information Disclosure Statement PTO Form 1449 Copies of IDS citations **Preliminary Amendment** A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard IF A CONTINUING APPLICATION: ☐ Divisional ☐ Continuation-in-part (CIP) Continuation of prior application No. ___ Amend the specification by inserting before the first line the sentence: This application is a

continuation continuation in part of application number _____, filed ___ division Cancel in this application original claims of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.) The prior application is assigned of record to Medtronic, Inc.

| . • | This application claims the efit of U.S. | Provisional Application(s) Serial No.(|
|-----|--|---|
| X | Address all future correspondence to: | Beth L. McMahon, Reg. No. 41,987 Medtronic, Inc., MS 301 7000 Central Avenue NE Minneapolis, Minnesota 55432 Telephone: (763)514-3066 |

| FEE CALCULATION | No. of Claims Filed | - | Claims Include Base Fee | d in | No. of Extra Claims | Rate | Fee |
|------------------------------|------------------------|----|----------------------------|------|---------------------------|-------|------------|
| Total Claims | | 67 | 20 | = | 47 | x 18 | \$846.00 |
| Independent Claims | | 6 | 3 | = | 3 | x 80 | \$240.00 |
| Multiple Dependent Claims | | | | | | + 270 | |
| Basic Filing Fee | | | _ | | | | \$710.00 |
| | | | | | | TOTAL | \$1,796.00 |

Charge Deposit Account No. 13-2546 the sum of \$1,796.00 (Filing Fee) and \$40.00 for Assignment recordation fee for a total of \$1,836.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

X.D V.D Date

X

Beth L. McMahon, Reg. No. 41,987 MEDTRONIC, INC.

7000 Central Avenue N.E. Minneapolis, Minnesota 55432

Telephone: (763) 514-3066

APPLICATION FOR UNITED STATES LETTERS PATENT

for

ISCHEMIA DETECTION

by

Todd J. Sheldon 38 East Pleasant Lake Road North Oaks, Minnesota 55127 Lee Stylos 809 West Olive Stillwater, Minnesota 55082

Shannon D. Nelson 4110 Nicollet Avenue South Minneapolis, Minnesota 55409 Robert W. Stadler 339 Oakwood Drive Shoreview, Minnesota 55126

ATTORNEY OF RECORD:

Beth L. McMahon, Reg. No. 41,987 MEDTRONIC, INC. 7000 Central Avenue N.E Minneapolis, Minnesota 55432 Telephone: (763) 514-3066 Facsimile: (763) 514-6982

| CERTIFICATE | OF "EXP | RESS M | IAIL" |
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Date of Deposit: August 30, 2001

I hereby certify that this paper or fee is being deposited with the United States Postal Service as "EXPRESS MAIL" POST OFFICE TO ADDRESSEE" service under 37 CFR 1.10 on the date indicated above and is addressed to BOX PATENT APPLICATION, Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Molly Chlebeck

Printed Name Mully Chlubech

Signature